		<b>2006 1</b>	iai	ana Da	اماداه	Yo	ou ca	an file th	nis	371	21		<u> </u>	r	NO E	
For name change,		2006 Lo	uisi	ana Re	side	retu	rn el	ectronic	cally.	LTT 2.1	. 9000 8	بالشالة	ЦĔ	12.17.G	SY L	PAY
mark box For dece-		Your first name	Initial	Last name		Suff	ix		_	W W	w.re	ven	ue.i	ouisia	ana	.gov
dent filing mark box		• Total met mane		Laot name		J Guii	<u> </u>				Ш				r Socia urity N	al Number
Spouse decedent	 ,	If joint return, spouse's name	Initial	Last name		Suff	ix →	П			П					Social
mark box For addre		Present home address (number and street including	apartment numb	per or rural route)							/IPOF		NITI	Seci	urity N	Number
change, mark box	<b>□</b> →	•						You n	nust		_			above	e in	the
		City, town, or APO			State	ZIP	s	ame o	rder	as sh	own	on	your	feder	al r	eturr
ָ ט										f this is	an am	ende	d retu	rn, marl	k this	box.
		<b>STATUS:</b> Print the appropriate number in atus box. It must agree with your federal re		6 EXEMPT	or					f an ext	ension	is at	tached	d, mark	this I	box.
20		Print a "1" in box if single.		A X Yourse	If 65 older	r Blind								Total	of	
<u>ה</u>	l l	Print a "2" in box if married filing joi Print a "3" in box if married filing se	parately.	B Spouse	e 65 older	r Blind								6A & 6		
200		Print a "4" in box if head of househor Print a "5" in box if qualifying widow		C Number of	denendente	(Print number fr	om Lie	an 6C of fo	doral r	oturn Eo	rm 1040	) or 10	0404	ľ		
, and schedules		. , ,	,	and print de	ependent name	(Print number fres below.)	OIII EII	10 00 01 10	derain	starri, i o	1111 1040	7 01 10	——	6C L	=	=
, 5	★ If the of	qualifying person is not your dependent, print r	name here.	D Total exem	nptions (Total	l of 6A, 6B, an	d 6C.	)						6D		
		not required to file a federal return	, indicate					00		this b					-	
	ges hei				, 	m Louisiana	I - L	00	zero	"0," oı	n Line	12.				
7	1040EZ	RAL ADJUSTED GROSS INCOME - Print th Z, Line 4, <b>OR</b> Federal Form 1040A, Line 21, <b>C</b> na Schedule E is used, print the amount from	R Federal F	orm 1040, Line 37.	lf Sch	om Louisiana hedule E, ached			1						ı	00
8	Schedu	ria Schedule L is used, print the amount nom ule E was used. If your federal adjusted gross FEDERAL INCOME TAX - If federal income	income is les	ss than zero, print "C		7			,		Ш	,	4		·	00
	increas	sed by federal disaster credit(s), and/or a felox. See instructions, page 11.	deral casua	Ity loss deduction,		8			١, ا		Ш	,			.	00
9												ĺ	一	_	i	00
9		LOUISIANA TAX TABLE INCOME - Subtra- han zero, print "0." Use this figure to find your				9			,		Ш	,	<u> </u>		ŀŀ	00
10		LOUISIANA INCOME TAX - Print the amount	nt				10		١, ا		Ш	,			Ш	00
11	FEDER	e tax table that corresponds with your filing sta	ount from y	our 2006 Federal	Form 1040	Α,	10						Ħ	-		
1		9, or 2006 Federal Form 1040, Line 48. In It will be used to compute your 2006 Lo							11	,			Ш	. 00		
NO	NREF	UNDABLE TAX CREDITS							1 1				$\overline{}$	$\overline{}$	1	
<i>a</i>		R NONREFUNDABLE TAX CREDITS – From	m Schedule	G, Line 11			1	1A	,		Ш	,			١.١	00
		NT OF LOUISIANA NONREFUNDABLE CH		CREDIT CARRIED						11D	П		П			00
		nrefundable Child Care Credit Worksheet, pag OUISIANA NONREFUNDABLE CHILD CARE								110	H	,	茾	#	ï	
		\$25,000 in order to claim a credit on this lin								11C	Ш	,			ļ. ļ	00
110	TOTAL	NONDEELINDADI E TAV ODEDITO. Add	Lines 11 A	11D and 11C and	wint the vee	.14		10	١, ا		П					00
טוו	TOTAL	NONREFUNDABLE TAX CREDITS - Add	Lines ITA,	i i b, and i i c and p	onni ine resu	III	1	טו				,				
12	ADJUS	TED LOUISIANA INCOME TAX - Subtract I	Line 11D fron	n Line 10 and print the	ne		10	П	١. ا		П					00
		f you are not required to file a federal return, o	r if less than	zero, print "0."			12		, , , 		Ħ	,	茾	丰	 	
13		JMER USE TAX - ust mark one of these boxes.  No use	e tax due.	Amount fro Tax Worksh	m the Consur neet, page 12	mer Use , Line 2	13	Ш	,		Ш	,			١. ا	00
1.1	TOTAL	INCOME TAX AND CONSUMER USE TAX	V Add Lines	10 and 10 and prin	t the recult		1.1	П	١. ا		П					00
				s iz and is and prin	t the result.		14					,				
15A		ABLE TAX CREDITS AND PAYM REFUNDABLE LOUISIANA CHILD CARE		Your Federal AGI	must be EC	QUAL TO OR L	_ESS	THAN			П					00
	\$25,0	000 to claim the credit on this line. See F	Refundable (	Child Care Credit Ins	tructions, pag	ge 19				15A	H	,	井	#	•	
15A1	l Print t	the qualified expense amount from the Refu	undable Chil	ld Care Credit Work	sheet, page	20, Line 3			I5A1	<u> </u>				. 00		
		•			71 3									00		
15A2	2 Print t	the amount from the Refundable Child Care	e Credit Wor	ksheet, page 20, L	ine 6				15A2	<u> </u>			부	. [	! 	_
15B	OTHE	ER REFUNDABLE TAX CREDITS - From S	schedule F, L	_ine 10			1	5B	,		Ш	,			].[	00
1 (11111)					Com	plete and	sig	n bac	( of	retur	n.					

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**WEB** 

KE	FUNDABLE TAX CREDITS AND PAY	MENTS,	Con	tinued								_	1			-	
15C	AMOUNT OF TAX WITHHELD FOR 2006 - Atta	ach W-2 Fori	n(s).				1	5C		,		_	,	Ш		₫.	00
15D	AMOUNT OF CREDIT CARRIED FORWARD F	ROM 2005					1	5D		,			,			].	00
15E	AMOUNT PAID ON YOUR BEHALF BY A COM Enter name of partnership.	IPOSITE PA	RTNE				1	5E		,		Ţ	],			₫.	00
15F	AMOUNT OF ESTIMATED PAYMENTS FOR 20	006					1	5F		,		Ļ	], 1	Ц		╡.	00
15G	AMOUNT PAID WITH EXTENSION REQUEST						1	5G	4	,		÷	],	Н		╡.	00
15H	TOTAL REFUNDABLE TAX CREDITS AND PAY	YMENTS - A	dd Lir	nes 15A through 1	5G and print th	ne resu	lt1	5Н		,		_	,	Ш		╝.	00
16	OVERPAYMENT – If Line 15H is equal to Line See address "2" below. If Line 15H is greater th the result. If Line 15H is less than Line 14, print	an Line 14,	subtra	act Line 14 from Li	ne 15H and pr	rint		.16		,			,			<u>]</u> .	00
17A	AMOUNT OF LINE 16 YOU WISH TO CONTRIL	BUTE TO <b>TI</b>	IE MI	LITARY FAMILY A	SSISTANCE I	FUND	1	7A		,			],			╝.	00
17B	AMOUNT OF LINE 16 YOU WISH TO DONATE Print amount from Schedule D, Line 6.						1	7B		,			],			].	00
170	AMOUNT OF LINE 16 YOU WISH TO CONTRI See instructions, page 12						1	7C		,			],			].	00
17D	AMOUNT OF LINE 16 TO BE CREDITED TO 2 Subtract amounts entered on Line 17A through	2007 INCOM	E TAX	X —				Г	Ī	,			ĺ,			Ī.	00
18	SUBTOTAL – Add Lines 17A through 17D and p							Г					ĺ.			Ī.	00
	AMOUNT OF LINE 16 TO BE REFUNDED TO	YOU – Subt	ract L	ine 18 from Line 1	6 and print the	e result.		Ī					ĺ			Ŧ.	00
20	See address "2" below. REFUND							Ī		,		Ţ	ĺ,			Ī.	00
21	ADDITIONAL DONATION TO THE MILITARY F	AMILY ASS	ISTAI	NCE FUND				.21		,			],			].	00
22	2 INTEREST – From the Interest Calculation Worksheet, page 22, Line 5							.22		,			],			].	00
23	DELINQUENT FILING PENALTY - From the De							Г					ĺ.			Ī.	00
24	DELINQUENT PAYMENT PENALTY - From the De	elinguent Pav	ment	Panalty Calculation	Worksheet na	ne 22 I	ine 7	24	Ī			Ī		П		Ī.	00
25	UNDERPAYMENT PENALTY - See instructions	for Underpa	ymer	nt Penalty, page 22		ge 22, L		25	Ħ	,		T	, 	П		Ŧ.	00
26	BALANCE DUE LOUISIANA - Add Lines 20 thro Louisiana Department of Revenue. Mail to P.	ough 25 and .O. Box 3550	print	the result. Make p	321-3550.		ш	Ē		,			] , ]			╡:	00
l de	For electronic payment options, see page 2. DO clare that I have examined this return, and to t	NOT SEND O	ASH.	P/	AY THIS AM				d pr	• enai	er is h	ased o	n al	l avai	lable ii	nform	
lf I r	nade a contribution to the START Savings Progreter to properly identify the START Savings Progreter to properly identification to the START Savings Progreter to the START Savi	gram, I cons	ent th	nat my Social Seci	urity Number i	may be	given t	to the L	oui	sian	a Offic	e of St	ude	nt Fin			
You	r signature	Date		Your occupation		Signa	ature of p	aid prep	arer	othe	r than ta	axpayer					
Spo	ouse's signature (If filing jointly, both must sign.)	Date		Spouse's occupation		Telep	hone nur	mber of	paid	prep	arer				Date	Э	
	Area code and daytime telephone number	~ °s	Л		/MENTS TO						Socia				mber, prepa		N, or
		<b>တ</b>			nt of Revenu Box 3550 -, LA 70821-:											Ī	
Individual Income Tax Return Calendar year return due  Department of Revenue P. O. Box 3440  Do NOT SUBMIT A PHOTOGO OF YOUR FEDERAL RETU																	
	5/15/2007. Baton Rouge, LA 70821-3440																
			T	FOR OFFICI	E USE ON	Exte	nsion			eld	m						
	-			Routing	╫	- claim	ned		fla	ag	₽ A				67	26	

## YOU CAN FILE THIS RETURN FREE ELECTRONICALLY AT www.revenue.louisiana.gov. Attach to return if completed. Print your Social Security Number. 2006 ADJUSTMENTS TO INCOME FEDERAL ADJUSTED GROSS INCOME - Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, print "0." ... INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS -Print the amount of interest and dividend income not reported on your federal return that is taxable to Louisiana. 00 See instructions, page 13. 2 00 RECAPTURE OF START CONTRIBUTIONS - See instructions, page 13. 2A 2A 00 TOTAL – Add Lines 1, 2, and 2A and print the result. 3 EXEMPT INCOME - Print on Lines 4A through 4J the amount of exempted income included in Line 1 above. Please see instructions for Lines 4A through 4M, beginning on page 13. 00 LOUISIANA STATE EMPLOYEES' RETIREMENT BENEFITS 00 (Date retired: 4R 4C LOUISIANA STATE TEACHERS' RETIREMENT BENEFITS 00 ......4C (Date retired: 00 4D1 FEDERAL RETIREMENT BENEFITS (Date retired: \_\_\_\_ 4D2 OTHER RETIREMENT BENEFITS (Date retired: \_ In the space provided below, print the name of the retirement system, or print the number of the 4D2 statute exempting these benefits from Louisiana income tax. ANNUAL RETIREMENT INCOME EXEMPTION FOR TAXPAYERS 65 or OVER. -See instructions for worksheet and computation, page 13. You must print the name of pension(s) or annuity(ies) below. Please see special notice on page 13 concerning prior tax years. 4E TAXABLE AMOUNT OF SOCIAL SECURITY BENEFITS - Print the amount shown on your Federal Form 1040, Line 20b, OR Federal Form 1040A, Line 14b. 4F 4H OTHER: List the source and amount of other income that Louisiana cannot tax. Do not list active federal or military income or income earned in another state. (See instructions, beginning on page 13.) Note: Credit for taxes paid to other states is claimed on Nonrefundable Tax Credits, Schedule G, Line 1. Part-year residents should use Form IT-540B. Nonresident professional athletes should use Form IT-540B-NRA. START SAVINGS PROGRAM CONTRIBUTION 00 See instructions, page 14. MILITARY PAY EXCLUSION 00 See instructions, page 14. 00 **4K** TOTAL EXEMPT INCOME – Add Lines 4A through 4J and print the result. FEDERAL TAX APPLICABLE TO EXEMPT INCOME - See instructions, page 14. 00 This amount cannot exceed the amount on Form IT-540, Line 8. ......4L 00



5A

5B

5C



IRC 280(C) WAGE EXPENSE ADJUSTMENT - Print the amount of your IRC 280(C) wage

expense adjustment. Important! See instructions, page 14. .....

Subtract Line 4M from Line 3 and print the result. .....



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At	tach to return if completed. Print your Social Security Number	r. (	F					$\Box$		
20	06 DONATION SCHEDULE					SC	CHE	DU	LE	D
the	viduals who file an individual income tax return and have overpaid their tax may choose to donate all or part of the organizations listed below. Print on Lines 1 through 5 the portion of the overpayment you wish to donate. The payment on Form IT-540, Line 16.									
1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	Ц	,	Ц	,	Ц		┛	٠	00
2	LOUISIANA CANCER TRUST FUND – Prostate Cancer	Ц	,	Ц	],	Ц		╛	٠	00
3	LOUISIANA ANIMAL WELFARE COMMISSION	Ц	,		 ],			╛		00
4	LOUISIANA HOUSING TRUST FUND4	Ц	,	Ц	],	Ц		ᆜ	٠	00
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND	Ц	,	Ц	],	Ц		╛	٠.	00
6	TOTAL DONATIONS – Add Lines 1 through 5. Print the result here and on Form IT-540, Line 17B6	Ш	,		,				.	00
20	06 REFUNDABLE TAX CREDITS					S	CHE	EDU	JLE	ΕF
1	INVENTORY TAX CREDIT – See instructions, page 141		,		],					00
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES – See instructions, page 142		,		],					00
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS – See instructions, page 143		,		],					00
4	SOUND RECORDING INVESTMENT TAX CREDIT – See instructions, page 14		,		],					00
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES – See instructions, page 14 <b>5</b>		,		],					00
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT – See instructions, page 146		,		,				.	00
7	URBAN REVITALIZATION – See instructions, page 14		,		,				.	00
8	QUALITY JOBS PROGRAM REBATE – See instructions, page 14	Ц	,	Ц	],			╛	٠.	00
9	LA Citizens9	Ш	,	Ш	,	Ш		╝	.	00
10	TOTAL – Add Lines 1 through 9. Print the result here and on Form IT-540, Line 15B10		,		,					00
20	06 MODIFIED FEDERAL INCOME TAX INFORMATION					SC	CHE	DU	LE	Н
1	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2A1		,		],					00
2	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2B2		,		],				. ]	00
3	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 5A3		,		,				. [	00
4	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 7B4	Ц	,	Ц	],	Ц	Ц	╛	. إ	00
5	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 8A5		,	Ц	],	Ц		╛	٠.	00
6	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 9A6	Ц	,	Ц	],	Ц		ᆜ	٠ إ	00
7	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 117		,		<b>」</b> ,					00







At	tach to return if completed.	Print you	ır Social Security N	umber. 🖝						
20	06 NONREFUNDABLE TAX CREDITS					SCH	HEDUL	E G		
1	1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states and you were a resident of Louisiana. See instructions, page 14.  A copy of the return filed with the other state(s) must be submitted with this schedule.  Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar									
2	CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate of the content o	g on page 15  * 2C List of  2D Print  Only	lependent name(s) here  the total number of qualifying one credit is allowed per pe	ng individuals. erson		    ,		00		
3	CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONAL INSTITUTION	ated. Attach For				$\Box$		0		
4	CREDIT FOR CERTAIN FEDERAL TAX CREDITS  4A See instructions, page 15.			. 4A ,		, [	퓌.	0		
	4B Multiply Line 4A by 10% (.10). Print the result or \$25, whicher	ver is less. Th	s line is limited to \$25			4B	Щ.			
	THER NONREFUNDABLE TAX CREDITS er credit description and associated code, along with the	e dollar am	ount of credit claimed	Please see ii	nstructions h		on page			
	CREDIT DESCRIPTION	CODE	ount of oroun oldimod.	1 10000 000 11	AMOUNT OF			, 10		
5	MOTION PICTURE INVESTMENTS	2 5	<u> </u>	5 ,		$ , \square$	Π.	00		
6	EDUCATION CREDIT - GRADES K - 12	0 9 9	9	6		$ , \square$	Ш.	0		
7			]	<sub>7</sub> $\square$ ,		$  , \square  $	П.	00		
,							☶.	00		
0		Ħ				,	Ħ.	00		
9		++	<u> </u>	9 . ,		,	₩.	00		
10				10 ,		,	₩.	H		
11	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 1, 2E, 3B, 4 Print the result here and enter on Form IT-540, Line 11A			11 ,	шш	,	┦.	00		
Edi	Description         Code           ucation Credit         099           Description         Description           Donations of Materials.	Code	Description Previously Unemploye	Code ed 208	De: Technology	scription Commerci		Code 255		

Description	Code
Education Credit	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Angel Investor	180
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206

Description	Code
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
New Markets	214
Brownfields Investor	216
Dedicated Research	220
LCDFI Credit	222
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254

Description	Code
Technology Commercialization	255
Motion Picture Resident	256
Capital Company	257
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399





